The challenges of social distancing for a pupil referral unit with children with conduct disorders.

Introduction

All children are oppositional from time to time, particularly when tired, hungry, stressed, or upset. They may argue, talk back, disobey, and defy parents, teachers, and other adults. Oppositional behaviour is a normal part of development for two to three year olds and early adolescents. However, openly uncooperative and hostile behaviour becomes a serious concern when it is so frequent and consistent that it stands out when compared with other children of the same age and developmental level and when it affects the child's social, family, and academic life.

Findings

Evaluation/ Diagnosis

This image shows how ODD can manifest from many different sources – illustrating the complexity of defining an individual child's triggers and traits to develop positive behaviour patterns.

Oppositional defiant disorder (ODD) is a complex childhood disorder that is defined by a pattern of hostile, disobedient, and defiant behaviours directed at adults or other authority figures. ODD is also characterised by children displaying angry and irritable moods, as well as argumentative and vindictive behaviours. While all children will display some type of defiant behaviour throughout their growing years, children suffering from ODD will display such behaviours much more commonly than that of any other type of behaviours. For these children, it can seem like nothing can be done to make them happy. These children will not only do things to purposely cause conflict or to purposely annoy the people around them, but they will oftentimes place the blame on others. A child presenting with ODD symptoms should have a comprehensive evaluation. It would be very helpful to the development of the child if this should happen as routine for any child being permanently excluded from mainstream school for persistent disruptive behaviour. It is important to look for other disorders which may be present, such as attention-deficit hyperactivity disorder (ADHD), learning disabilities, mood disorders (depression, bipolar disorder), and anxiety disorders. It may be difficult to improve the symptoms of ODD without treating the coexisting disorder. Some children with

ODD may go on to develop conduct disorder in their adult lives if their childhood behaviour disorders are left untreated. Signs of conduct disorder typically involve behaviours in the form of aggression, destruction of property, dishonesty, and disregard for rules. Common signs of conduct disorder can include:

- initiating physical fights
- bullying or threatening others
- using a weapon to cause harm
- physical cruelty to humans or animals
- stealing
- breaking into someone else's property
- forcing someone into sexual activity
- setting fire to cause damage
- destruction of property

Oppositional defiant disorder (ODD) is diagnosed broadly on the basis of frequent and persistent angry or irritable mood, argumentativeness/defiance, and vindictiveness.

Another common childhood disorder that needs to be differentiated from ODD is ADHD. Behavioural deviance is common to both conditions. However, the core symptoms of ADHD, hyperactivity, and inattention differ ostensibly from the irritability and argumentative symptoms of ODD. Nevertheless, because of substantial co-morbidity (30–50%) between ADHD and ODD, distinction between the disorders is a matter of published academic research (Abhishek Ghosh, Anirban Ray, and Aniruddha Basu 2017). There are two broad models to understand this comorbidity: the correlated risk-factor model, which posits that both these disorders have shared risk factors, and the developmental precursor model, which suggests symptoms of ADHD lead to ODD.

ODD & ADHD are known as disruptive behaviour disorders (DBDs), the concept of which was conceived almost 50 years ago. Over the years, there have been changes in the clinical, psychosocial, and biological understanding of ODD. There have been noteworthy changes in diagnostic schemes. Numerous psychosocial risk factors have been identified. Biological factors, especially with the help of newer neuroimaging techniques, and brain substrates for oppositional behaviours have been explored. Studies have been conducted to find the best possible preventions and interventions.

Neuroimaging findings converge to implicate various parts of the prefrontal cortex, amygdala, and insula. Alteration in cortisol levels has also been demonstrated consistently when a child has been exposed to excessive stress factors. Although a range of environmental factors, both familial and extra familial like poverty and family stress, have been studied in the past, current research has combined these with other biological parameters combine to exacerbate these conditions.

Symptoms

In children with Oppositional Defiant Disorder (ODD), there is an ongoing pattern of uncooperative, defiant, and hostile behaviour toward authority figures that seriously interferes with the child's day to day functioning.

Symptoms of ODD may include:

- Frequent temper tantrums
- Excessive arguing with adults
- Often questioning rules
- Active defiance and refusal to comply with adult requests and rules
- Deliberate attempts to annoy or upset people
- Blaming others for his or her mistakes or misbehaviour
- Often being touchy or easily annoyed by others
- Frequent anger and resentment
- Mean and hateful talking when upset
- Spiteful attitude and revenge seeking

The symptoms are usually seen in multiple settings but may be more noticeable at home or at school.

Treatment of ODD may include:

- Parent Management Training to help parents and others manage the child's behaviour
- Individual Psychotherapy to develop more effective anger management
- Family Psychotherapy to improve communication and mutual understanding
- Cognitive Problem-Solving Skills Training and Therapies to decrease negativity
- Social Skills Training to increase flexibility and improve social skills and frustration tolerance with peers

Medications may be helpful in controlling some of the more distressing symptoms of ODD as well as the symptoms related to coexistent conditions such as ADHD, anxiety, and mood disorders.

Psychosocial treatment continues to be time-tested and effective. These include parental management training, school-based training, functional family therapy/brief strategic family therapy, and cognitive behaviour therapy.

Social Distancing Strategy UK

Social distancing measures have been implemented in the UK since 23rd March 2020. These are a series of steps to reduce social interaction between people. This will help reduce the transmission of coronavirus (COVID-19) (Gov.UK March 2020)

They are to:

- Avoid contact with someone who is displaying symptoms of coronavirus (COVID-19). These symptoms include high temperature and/or new and continuous cough
- Avoid non-essential use of public transport when possible
- Work from home, where possible.
- Avoid large and small gatherings in public spaces, noting that pubs, restaurants, leisure centres and similar venues are currently shut as infections spread easily in closed spaces where people gather together.
- Avoid gatherings with friends and family. Keep in touch using remote technology such as phone, internet, and social media
- Use telephone or online services to contact your GP or other essential services

What powers do police have?

Police have wide-ranging powers to help fight coronavirus, by enforcing social distancing measures designed to keep people apart.

The three key tools they have been given are:

- The power to detain someone to be tested if they are believed to be infectious
- The power to close a wide range of non-essential businesses
- The power to restrict your right to move around and be part of a gathering

But there is an enormous gap between what the government would like people to do and the actual limits of the law restricting movements. The restrictions came into force as a "statutory instrument", which means it was created by ministers, in each part of the UK, with no debate or vote before it became law.

What punishments can police enforce?

A police officer can order a non-essential business to close while coronavirus regulations are in place.

Police can also enforce the two key social distancing rules, which ban:

Leaving the place where you live "without reasonable excuse"

Being in a public gathering of more than two people

If someone refuses to follow the regulations - for instance a request to go home - officers can give them an on-the-spot fine of £60, reduced to £30 if paid within 14 days. If they keep breaking the law, more fines can be given - up to a maximum of £960.

Police could ultimately charge someone with the more serious criminal offence of breaching coronavirus regulations and a direction to follow them. This could lead to a conviction in a magistrate’s court and an unlimited fine.

Social distancing fines

One month into social distancing the Daily Telegraph has reported the top 10 places in the UK with the highest number of social distancing fines (from police forces who have reported figures).

Despite the measures in place by the government, some people continue to leave their homes unnecessarily, and have subsequently been issued fines by the police.

These are the areas with the highest number of fines for not following social distancing rules.

Police data takes into consideration the population of the area, the number of fines and the rate of fines per 10,000 people.

The area with the highest number of fines was Lancashire with a population of 1,498,300, and its residents were found to have received 380 fines, working out at 2.5 fines per 10,000 people.

In second place was North Yorkshire, with 1.8 fines per 10,000 people - 150 fines overall.

Third place goes to Surrey, with an overall number of 205 fines, which is 1.7 per 10,000 people in the area.

The list in full includes:

Lancashire, with a score of 2.5

North Yorkshire, with a score of 1.8

Surrey, with a score of 1.7

Cleveland, with a score of 1.6

Norfolk, with a score of 1.4

Suffolk, with a score of 1.3

Devon and Cornwall, with a score of 1.0

Wiltshire, with a score of 1.0

Sussex, with a score of 1.0

It is important to note that not all police forces have disclosed numbers but these figures serve to illustrate the argument that there are proportions of the adult population that are not capable of following rules even when the likely consequence can be a fatal outcome. An interesting question might be for future research could be "**What proportion of the fined people have a conduct disorder?"**

Conclusion

Most pupils at Summerfield display oppositional behaviour frequently and in most cases this was the cause of their permanent exclusion from mainstream school. The PRU should have been used as a stop gap to redirect the child to more suitable provision and as such was resourced to provide transient support and redirection for provision not psychosocial treatment that would yield far better outcomes for the child.

The only available route to gain a diagnosis for a DBD in Solihull is through a Community Paediatrician or associated services like ADHD clinician. If a child does gain a diagnosis for ODD or ADHD it is highly unlikely that they will be access any further services to facilitate improvement, as Summerfield provision does not have routes to access to the most effective psychosocial treatment.

In cases where identification of a DBD is critical for safety and welfare of a child the only course of action available to Summerfield is Education, Health & Care Plan (EHCP) to make an effort to access some of the most effective Psychosocial Treatments. Accessing these treatments would help the child adjust more easily into adulthood and consequently offer less chance of developing a conduct disorder, alleviating the strain on other public resources like police, criminal justice service and prisons. However, this route has proved to be ineffective over many years and only a miniscule proportion of children are able to access the provision they should be entitled to.

Unfortunately, the reality of the situation is that most of the cohort of Summerfield will not have access to this kind of therapy and will continue to exhibit uncooperative, defiant, and hostile behaviour toward authority figures.

Safeguarding Concerns in the event of return school opening

Like the police, staff at Summerfield Education will be given guidance around safe practices at work when the gradual recovery process commences. The primary concern for the senior leadership team is safeguarding the health and welfare of every member of the school community including pupils, staff, parents, external agency workers and visitors.

A concern is that Summerfield staff will not have the same powers in respect of enforcement and the consequence remains serious around the failure of pupils to respect social distancing regulations as some of them pathologically cannot follow rules. Mitigation measures must be well planned and implemented through individual child risk assessments.

A plan around the use of Personal Protective Equipment (PPE) will need to be established to protect people vulnerable to the inability of some pupils to respect safety measures.

Recommendations for identified pupils (pre-vaccine)

It would be recommended that the risk assessments of all pupils at Summerfield be modified to include the risk to personal safety of stakeholders included. All staff will be offered PPE and availability of PPE will affect the ability of Senior Leaders to offer any type of service.

For Children at Low Risk: Children assessed as likely to comply with social distancing rules. Children will be allowed to integrate into normal class situations with 2M restrictions strictly adhered to in class and social unstructured times while on school premises during working hours to be established following the risk assessment of catering capabilities. It may be that lessons are condensed into 4 hours and the National School Meal Voucher Service be used to ensure children receive their sustenance entitlement.

For Children at Medium Risk:

Children assessed as limited compliance ability. Children at medium risk should only be allowed to access restricted parts of the building (the nurture centre) for limited time periods outlined within their risk assessment.

For Children at High Risk:

Children rated as unlikely to be able to comply with any social distancing rules therefore posing a significant risk to health and safety of all school community. It would be proposed that these children be educated remotely until such time that a vaccine would facilitate their safe return to school premises.

References

Corona Virus Information. Gov.uk

Daily Telegraph 20th April 2020

LANUK -NHS Provider for NHS Adult ADHD/ASD Service in North East Manchester

NHS.uk

Oppositional defiant disorder: current insight. Abhishek Ghosh, Anirban Ray, and Aniruddha Basu - Nov 2017

Oppositional Defiant Disorder: American Academy of Child and Adolescent Psychiatry - January 2019.

Valley Behavioral Health clinic inpatient & outpatient treatment services for all ages struggling with depression, bipolar, mental health illnesses & behavioral issues.